

THE MEDICAL NEWS AND LIBRARY.

VOL XXI.

MAY, 1863.

No. 245.

CONTENTS.

CLINICS.		Professorship of Midwifery in the University of Pennsylvania	38
CLINICAL LECTURES.		College of Physicians and Surgeons, New York—Medical Department of Columbia College	39
Clinical Lectures on Rheumatism	33	Bellevue College Hospital	39
HOSPITAL NOTES AND OBSERVATIONS.		New York Medical College	39
Fistula in the Pericardium (?)	37	Starling Medical College, Ohio	39
Congenital Lachrymal Fistula	37		
Umbilical Fistula	37	<i>Foreign Intelligence.</i> —Ovariectomy	39
Congenital Contraction of the Anal Orifice	38	Marriages of Consanguinity	39
Imperforate Nostril	38	Death from the Vapour of Nitric Acid	39
MEDICAL NEWS.		Statistics of the Globe	39
<i>Domestic Intelligence.</i> —Medical Society of the State of Pennsylvania	38	Proportion of Births to Deaths in Great Britain	40
Medical Society of New Jersey	38	Quackery	40
New York State Medical Society	38	Sale of Diseased Cattle	40
SALTER ON ASTHMA,			

24 PAGES.

CLINICS.

CLINICAL LECTURE.

Clinical Lectures on Rheumatism.—Delivered at St. George's Hospital. By HENRY WM. FULLER, M.D., Physician to the Hospital. (Concluded from p. 25.)

It has been stated that the administration of calomel is unnecessary in the treatment of rheumatic pericarditis, and that opium will do all that is needed for the patient's recovery. In proof of this, cases have been cited in which opium alone has been administered, and recovery has taken place. But I would urge you, gentlemen, not to be misled by such a specious argument. There is no drug and no method of treatment of which as much could not be said; nay, cases will sometimes recover without any treatment whatever, and there is no remedy of the efficacy of which in the treatment of acute serous inflammation experience has afforded more convincing proof than it has of mercury. In pericarditis, in pleurisy, and in acute scleritis you must have noted

the continuance of the symptoms until the effect of mercury on the system has been declared, and their immediate decrease and speedy cessation afterwards. The distrust which some persons have felt of mercury in these cases has arisen from their having improperly employed it. You must have seen patients suffering from pericarditis or acute pleurisy admitted into this hospital in a state of salivation, the friction-sound or the pleuritic effusion, as the case may have been, continuing nevertheless. And so it would have been in the case of E. K.—if I had persisted in the administration of calomel without at the same time upholding her strength. Mercury is serviceable in proportion as the exudation is plastic and readily organizable; it is useless, or even mischievous, when the exudation consists of curdy, flocculent, ill-concocted lymph, of low vitality. And as the former character of exudation occurs only when there is a fair amount of power in the system, it follows that if the administration of mercury is pushed in weakly persons, or in persons

Published monthly by BLANCHARD & LEA, Philad'a, for One Dollar a year; also, furnished GRATUITOUSLY to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.

In no case is this periodical sent unless the subscription is paid in advance.

whose kidneys are organically unsound, or even in stronger persons who are much exhausted by sleeplessness and suffering, or by unduly depressing treatment, the result must necessarily be unsatisfactory. The only chance of obtaining its remedial effects under such circumstances is by upholding the patient's strength during the period of its exhibition, as was done in the case of E. K—. But that opium will check the continuance of the inflammation, and carry the patient safely through the attack, as is maintained by the opponents of mercury, is a fallacy which it requires little skill to expose. It will not prevent the accession of inflammation of the heart, as is proved by a series of cases published some time since by Dr. Sibson, in which a fearfully large proportion of the patients suffered from this complication of their rheumatism. It does not materially shorten the duration of rheumatism, or, in other words, does not check the action of the rheumatic poison, as is manifest from an inspection of the same series of cases, and of others which Dr. Corrigan has put on record; and inasmuch as the articular and cardiac inflammations arise from the same cause it is obvious that it cannot control the one form of inflammation any more than it does the other. The truth appears to be that in the one case as in the other, it calms the excitement of the nervous system which accompanies the disease, and thus economizes strength and enables the patient to endure his illness better than he could have done otherwise. Thus it is that when mercury has been improperly administered, and the patient is suffering from the effect of the irritation induced by salivation, the influence of opium in tranquillizing the system, and so promoting the actions which are necessary to recovery, is very striking. Little more is needed under these circumstances than to keep the patient under its influence. But it does not possess the power of preventing the accession of the disease, or of controlling its course, nor can it, like mercury, originate the actions which are necessary to the removal of the mischief. But, as already stated, it calms the excitement of the nervous system, procures sleep, economizes strength, and thus enables the patient to pass fairly through his trials; and when the disease has run its course, it still sustains and tranquillizes, and so obviates that extreme exhaustion which prevents the setting

up of the actions which are necessary to the reparation of the mischief which has occurred. Therefore, whilst I would earnestly deprecate the practice of trusting exclusively to opium in pericarditis, and dissent theoretically and practically from those who urge its claims to the exclusion of mercury, I would have you understand that it is a valuable remedy, and should always be had recourse to in aid of those medicines which exert a distinctly curative power.

I will now refer you for a few moments to the case of J. S—, aged fourteen, who was admitted on the 22d of December, 1861. This boy was suffering from acute rheumatism of ten days' duration. His joints were red, swollen, and exquisitely painful; his pericardium was full of fluid, so that, as in the case of E. K—, there was extension of the area of precordial dulness; the heart's sounds were muffled, distant, and indistinct, and a friction-sound was audible at the root of the large vessels; the pulse was 120, weak, and irregular; the urine was alkaline, and the perspiration was profuse and extremely acid. Blisters were applied to the chest, and small doses of alkalies were given internally, whilst his strength was upheld by strong beef tea. By the 31st the pains had almost wholly disappeared, and though friction was still audible, the pulse had fallen to 80, and was no longer irregular. On the 9th of January he had so much improved that I deemed it safe to give him meat and vegetables for dinner. On the 20th the cinchona draught was prescribed, and on the 26th he was permitted to leave the hospital.

Now I have drawn your attention to this case, which is not otherwise noteworthy, in order to remark upon the alkalinity of the urine. From first to last this boy's urine was clear, pale, and alkaline, and the only perceptible alteration in its condition was that as the rheumatism subsided and the general health improved, it assumed a higher colour. Nevertheless it did not altogether lose its alkalinity whilst he remained in the hospital, though it did so shortly afterwards, for he was readmitted under Dr. Page in the month of February, and his urine then had an acid reaction.

What, then, is the history of this unusual feature of acute rheumatism? I am unable to give you a satisfactory answer, and can only reply by stating the result of my observation in similar cases. All the instances

which I have met with of this nature have had many features in common. The patients have been uniformly weakly; the perspiration has been very acid, and in one instance in which vomiting occurred, the matters rejected from the stomach were intensely acid. In two cases, crystals of the ammonio-magnesian phosphate were visible under the microscope soon after the urine was voided; in two others the alkalinity appeared to be referable solely to fixed alkali, and no crystals of the triple phosphate could be discovered until after the urine had been voided some hours, and decomposition had commenced. In all of them the microscope proved the absence of pus or mucus in the urine. Treatment has not appeared to exert a material influence over the character of the secretion. In one instance sulphuric acid was given in full doses, but the urine remained alkaline for ten days afterwards; in two other cases small doses of alkalies were administered, but nevertheless the urine became acid when the rheumatism subsided and the general health improved. Whatever may be the precise cause of the alkalinity of the urine in these cases, it is obvious from the class of patients in whom it occurs, and from the effect of remedies, that our treatment must not be over-active or depressing. I do not believe that alkalies are contraindicated; but they must be given cautiously, and their effect on the urine must be closely watched. Meanwhile the strength must be supported by nourishment, and economized by means of opium if the pains give rise to sleeplessness and excessive general irritation. This at least is the best advice I can give you, but the subject requires more extended investigation before a satisfactory conclusion can be arrived at.

I would now call your attention to the case of M. M—, aged twenty-six, whom you will remember some time since in Crayle ward. Twelve months before her admission under my care this woman was in the hospital, suffering from rheumatic fever and pericarditis, on which occasion she was delirious for more than a fortnight. When she came under my charge, she had been labouring under rheumatism five days; but her suffering was out of all proportion to the apparent severity of her articular symptoms, and the anxiety of her countenance was unlike that which is ordinarily observed in uncomplicated cases of acute

rheumatism; moreover, her manner was strange and flighty, and she was delirious at night. She was very low; the skin was perspiring; the pupils were contracted; the pulse was 120, feeble; and she was complaining of pain in the cardiac region, and of constriction across the chest. Leeches and blisters were applied to the region of the heart, and alkalies, and calomel, and opium were prescribed for internal administration. Without going further into the details of the case, it is sufficient for my purpose to recall to your remembrance that an exocardial murmur was audible over the whole surface of the heart; that the delirium became more violent; that she complained of intense headache, and passed her stools and urine under her unconsciously; that after eight days tremors of the upper extremities came on, accompanied by clonic spasm of the fingers, that she became so low as to require full doses of wine; and that it was not until after the lapse of fifteen days, when her gums began to be affected by the mercury, and the cardiac murmur decreased in intensity, that the delirium, and tremors, and clonic muscular spasms subsided, the anxiety of countenance disappeared, and the pulse became less frequent and of better volume. Eventually she recovered, and left the hospital.

My object in calling your attention to this case is to point out its pathological history, and the treatment which is necessarily founded upon it. What, think you, was the cause of the delirium, and tremors, and clonic muscular spasms? You might have supposed them to be referable to inflammation of the brain, but the character of the pulse, the state of the skin, and other of the symptoms, were scarcely consistent with cerebral inflammation. Moreover, pathological research has proved that when delirium and muscular spasms accompany acute rheumatism, they are seldom connected with any lesion of the nervous centres.

Inflammation of the heart will not solve the mystery, for delirium and spasm rarely accompany cardiac inflammation, however acute and wide-spreading it may be; they arise not unfrequently in cases distinguished by less than the average severity of the cardiac symptoms, and in which, therefore, presumption favours the belief that there is no unusual irritation of the cardiac nerves; and they occur sometimes when dissection after death proves the heart and its mem-

branes to be quite free from disease, and when, therefore, the non-existence of such a cause of irritation is placed beyond all doubt.

An unhealthy condition of the blood does not of itself afford a satisfactory explanation, for such a condition exists in every case of rheumatism; whereas cerebral and spinal symptoms are of rare occurrence. But there cannot be a doubt that, in conjunction with certain predisposing and exciting causes, a vitiated condition of the circulating fluid is the active agent in the production of these symptoms. Indeed, I do not hesitate to affirm that in this, as in almost all cases of rheumatism, in which cerebral and spinal symptoms occur, the delirium and spasms resulted from the influence of a vitiated blood acting upon a nervous system in a state of exalted sensibility, and therefore excited in an unusual degree by the setting up of cardiac inflammation. You all know how certainly excitement or profound coma is caused by the ingestion of immoderate quantities of spirituous liquors; how frequently delirium results from the deleterious influence of urea; and how often it accompanies typhus fever and almost every exanthematous disorder. Yet in all these cases dissection after death has shown that such symptoms afford not the slightest ground for the presumption of cerebral congestion or cerebral inflammation. Rarely, indeed, has there been found any trace of inflammatory action or of any other organic lesion in the brain or its membranes. So that at length the conclusion has been arrived at that whenever the blood is poisoned or altered in character, there may occur, without any cerebral inflammation, every shade and variety of disturbance of the nervous system, from slight wanderings or flightiness to violent maniacal delirium, accompanied or unaccompanied by convulsions or tetanic spasms, and terminating in recovery or in death from coma.

But further, by looking carefully to the circumstances under which cerebral symptoms are most apt to arise in different disorders, we may glean important information on the subject of the causes which determine the occurrence of delirium in certain cases, and its total absence in others. It is well known, for instance, that persons of a nervous, excitable disposition, are more apt to experience ill effects from any interference with their functions than are those of a more

vigorous and less irritable temperament. Moreover, it has been ascertained that nervous susceptibility is most fully displayed when the constitution has been damaged by habits of intemperance or by long-continued ill health. Causes which, in persons of a healthy constitution and less excitable habit, would hardly give rise to any disturbance, are apt under such circumstances to occasion excessive nervous irritation. Thus it is that in habitual drunkards, whose constitutions are shattered, and whose nervous systems have been unduly exalted or depressed, comparatively small potations on the one hand, or, on the other, a brief abstinence from accustomed stimuli, or any temporary depressing cause, will seldom fail to induce an attack of delirium tremens. Hence, also, the frequency of traumatic delirium and of the delirium which so constantly accompanies erysipelas in persons whose constitutions have been unduly taxed. The excess or the deficiency of the accustomed stimulus in the case of the drunkard, the shock and the loss of blood in the case of the wounded man, and the poison of the disease in the last instance, prove sufficient to disturb the relationship subsisting between the blood and the nervous centres. With a brain participating in the general malnutrition of the body—a heart weak, ill nourished, ill supplied with nervous stimulus, and hardly capable of maintaining a due circulation—and blood long vitiated or impoverished, it is not difficult to conceive that a slight additional cause of irritation or depression may prove sufficient to disturb the brain's equilibrium, and that an attack of delirium may supervene whenever, by the presence of some fresh morbid matter, by an increase of the watery part, or a diminution in the coloured corpuscles of the blood, as the result of hemorrhage or venesection, or, indeed, by any material alteration in the character of the circulating fluid, the nutrition of the nervous centres is still further interfered with. Nor is it to be wondered at that, from the same cause, an attack of carditis should in many cases determine the access of cerebral symptoms. The shock resulting from the occurrence of inflammation in such a vital organ as the heart is quite enough to disturb the cerebral circulation, and interferes with the brain's nutrition sufficiently to give rise to symptoms of undue excitement or undue oppression. And so it proved in M. M—. Of

a naturally weak, unhealthy constitution and excitable nervous system, unhinged by her former attack of rheumatic fever and pericarditis, from which she had never thoroughly recovered, and exhausted by excessive work as a common servant, she was not in a condition to endure the pain of another attack of acute rheumatism, nor was her nervous system in a state to resist the irritating influence of unhealthy blood, combined with that of an attack of carditis. Accordingly, when subjected to these severe trials, her brain gave way, and her spinal cord showed symptoms of derangement.

And what is the practical lesson to be gleaned from these facts? Is it to employ venesection and tartarized antimony under the idea of suppressing undue excitement? Or is it not rather to support and tranquillize the system, as best we may, whilst means are being employed to rid the system of the poison which has caused the mischief, and to subdue the morbid action which is going on? Assuredly the latter is the only safe and judicious course. Alkalies may be administered in small doses to counteract any undue acidity, and promote the elimination of the morbid matter; but meanwhile the system must be supported by beef-tea and other nourishment; and opium, and, if necessary, stimulants must be had recourse to; and calomel and blisters, if there is evidence of cardiac or local inflammation. Generally, as in the case before us, you will find it necessary at some period of the attack to administer wine or diffusible stimulants. The symptoms we have been discussing afford evidence of excitement without power, and are accompanied or followed by so much depression that if you fail to administer support, your patient will almost necessarily sink. Remember, then, that opium and stimulants are your sheet-anchor in these cases, provided no local inflammation is going on; and that, even though there be local mischief of a serious nature, it should be subdued, if possible, without the use of remedies calculated to exhaust or depress the patient. Calomel, blisters, and turpentine fomentations should be employed rather than bloodletting and tartarized antimony; and if the local symptoms seem to call for the loss of blood, leeches should be had recourse to rather than phlebotomy. In all cases, however, opium is necessary; and, without reference to the existence or non-existence of local inflam-

mation, wine or diffusible stimulants should be administered if the pulse and the tongue indicate failure of the vital powers.—*Lancet*, Dec. 27, 1862.

HOSPITAL NOTES AND CLEANINGS.

Fistula in the Pericardium (?)—M. C. D., aged 2 years and 4 months, was admitted into Hospital for Sick Children, Nov. 7, under the care of Mr. Thomas Smith, for a fistulous opening on the left side of the middle left line of the abdomen, between the cartilages of the eighth and ninth ribs. A probe passed into the opening glided between the ribs and passed upwards towards the middle line of the chest for about four inches. When in this position the probe follows the movements of the diaphragm closely, that part of the instrument which is external ascending during inspiration, and descending as the diaphragm goes up in expiration. The end of the probe quivers with each pulsation of the heart.

The history of the case was as follows: Five months ago the child was ill and had a swelling at the seat of the present fistula. This swelling was opened, and a pin was searched for, which the child was thought to have swallowed. No pin was found. The child was very ill and feverish after the operation, and the wound had ever since remained open, nor did it seem inclined to close. There was a scanty but persistent discharge from it.—*Med. Times and Gaz.*, March 28th, 1863.

Congenital Lachrymal Fistula.—J. R., aged 6½, was brought to the Hospital for Sick Children, for an opening over the right lachrymal sac, as large as a pin's head; it had existed since birth. There was no obstruction to the lachrymal passage either in the eyelid or nose. A probe could easily be passed downwards through the fistula into the lower nasal meatus. Canaliculi applied to the edges and the actual cautery failed to close the opening, and the boy left off attendance after an unsuccessful attempt to cure the fistula by paring the edges and uniting them with metallic suture.—*Med. Times and Gaz.*, March 28th, 1863.

Umbilical Fistula.—Two cases of an unusual kind of fistula have presented themselves at the umbilicus, from which discharges have been, and still continues to be discharged.

The following is an instance of a more common form of umbilical fistula from patency of the urachus:—

Open Urachus.—A little boy, aged 2 years, was brought in July with a papillary projection at the umbilicus. In the centre of it was an opening, from which transuded at all times a fluid which was decidedly urinous in smell and appearance. A ligature was firmly applied to the button-like protrusion. After a few days it dried up and then fell off, and the fistula seemed permanently closed.

These papillary moist-looking projections at the umbilicus are not very uncommon; they are often quite unconnected with fistula—they are safely treated by ligature. —*Med. Times and Gaz.*, March 28th, 1863.

Congenital Contraction of the Anal Orifice.—A girl, a few months old, came under care at the Hospital for Sick Children, for a malformation, which, Mr. Smith said, was not unusual, though almost unrecognized.

On March 7, it was brought, with suspicion of having calculus, though its symptoms were great pain and straining, and difficulty in defecation. On examination, the anal orifice was found to be so minute as to account for the symptoms complained of. The orifice was about the calibre of a No. 6 catheter.

Mr. Smith said that on the next visit he should treat this child as he had done others with the same malformation, and he hoped with the same success. The plan hitherto adopted is to make an incision at the anal margin, in the middle line towards the coccyx, and, if necessary, on either side as well, and to tell the mother to insert from time to time a piece of oiled sponge pretty tightly screwed up so as to expand. —*Med. Times and Gaz.*, March 28th, 1863.

Imperforate Nostril.—A little girl about 5 years old, was taken to the Hospital for Sick Children, with the right nostril closed, and it had been so from birth. The corresponding ala of the nose was flat and unsightly, the nose being unsymmetrical in appearance. The child suffered inconvenience from the insufficient nasal aperture, snoring at night and snuffling by day. A narrow bistoury was passed into the nose through the united margins of the nostril, and these were then separated from one

another to the required extent by main force; a piece of gum catheter was tied in. This was changed and replaced from time to time, and in three weeks' time was finally removed, the nostril being patent, and the corresponding ala nasi having assumed its natural position. —*Med. Times and Gaz.*, March 28th, 1863.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Society of the State of Pennsylvania.—The fourteenth annual session of the Medical Society of the State of Pennsylvania will be held in Philadelphia, on the second Wednesday (10th) of June, 1863, at 11 A. M.

J. HENRY SMALTZ,
J. M. STEVENSON,
Recording Secretaries.

Medical Society of New Jersey.—This society held its ninety-seventh annual meeting in Jersey City, on the 27th and 28th of January last. The following officers were elected for the ensuing year:—

President, T. R. Varrick, M. D.
Vice Presidents, Drs. E. M. Hunt, A. Coles, B. R. Bateman.
Cor. Sec., T. J. Corson, M. D.
Rec. Sec., Wm. Pierson, M. D.
Treasurer, J. S. English, M. D.

New York State Medical Society.—This society held its fifty-sixth annual meeting at Albany, on the 3d, 4th, and 5th of February last. The attendance was large, and a number of interesting papers were read. The following officers were elected for the ensuing year:—

President, D. P. BISSELL, M. D., of Utica.
Vice President, Joel Foster, M. D., of New York.
Secretary, S. D. Willard, M. D., of Albany.
Treasurer, J. V. P. Quackenbush, M. D., of Albany.

Professorship of Midwifery in the University of Pennsylvania.—Dr. H. L. Hodge, who has long filled the chair of midwifery in the University of Pennsylvania with credit to himself and advantage to the school, has resigned. We wish him in his

retirement the repose and happiness to which his numerous labors justly entitle him.

College of Physicians and Surgeons, New York—Medical Department of Columbia College.—At the annual commencement held on the 12th of March last, the degree of M. D. was conferred on 57 candidates.

Bellevue College Hospital.—At the annual commencement of this College on the 5th of March, 1863, the degree of M. D. was conferred on 42 candidates.

New York Medical College.—At the annual commencement held on the 11th of March last, the degree of M. D. was conferred on 11 candidates.

Starling Medical College, Ohio.—At the annual commencement held on the 23d of February last, the degree of M. D. was conferred on 36 candidates.

FOREIGN INTELLIGENCE.

Ovariotomy.—Dr. GRIMSDALE exhibited to the Liverpool Medical Institution (Dec. 11, 1862) an ovarian tumour removed from a woman aged 28, who died on the sixth day after the operation from peritonitis.—*British Med. Journ.*, Jan. 10, 1863.

Marriages of Consanguinity.—Dr. Dé-
vay, after a lengthened inquiry into the subject, concludes that we may in future include consanguinity in the catalogue of morbid etiology, as far as regards the human race; and that, as regards animals also, the evils resulting from unions of consanguinity are equally manifest, notwithstanding the assertions which have been made to the contrary. Hence, therefore, it is the duty of the medical man to oppose alliances of consanguinity by his instruction and advice.

Death from the Vapour of Nitric Acid.—Mr. Stewart, a master in the Edinburgh Educational Institution, in Queen Street, and a porter in the same establishment, died last week from inhaling the fumes of nitric acid. Mr. Stewart was in the laboratory of the school preparing for some chemical experiments, and while carrying a jar of nitric acid across the room, it fell on the

floor and was broken. He called the janitor to his assistance to wipe the floor and to endeavour to save a portion of the fluid. In this effort both unwittingly inhaled the fumes. Mr. Stewart went home to dinner unconscious of having received any injury. After an hour or two he began to experience difficulty of breathing, and sent for medical advice, but he very rapidly became worse, and died at two o'clock on Wednesday morning, about ten hours after the accident. The janitor was also taken ill, and, though he rallied for a time on Wednesday, he afterwards sank, and died at five o'clock on Thursday morning. In the year 1854 a similar occurrence took place at Sheffield, and it is worth remarking that the victim in that case, Mr. Haywood, a chemist, experienced no great uneasiness until three hours after the accident, when difficulty of breathing came on. In this respect the effect of the vapour of the acid is in marked contrast to that of ammonia.—*Med. Times and Gaz.*, March 14th, 1863.

Statistics of the Globe.—The following curious facts are stated by the *Abeille Médicale*: The earth is inhabited by 1,288 million of inhabitants, viz., 369,000,000 of the Caucasian race; 552,000,000 of the Mongolian race; 190,000,000 of the Ethiopian; 1,000,000 of the American Indian; and 200,000,000 of the Malay races. All these respectively speak 3,064 languages and profess 1,000 different religions. The amount of deaths per annum is 333,333,333, or 91,954 per day, 3,730 per hour, 60 per minute, or one per second. This loss is compensated by an equal number of births. The average duration of life throughout the globe is 33 years. One-fourth of its population dies before the seventh year, and one-half before the seventeenth. Out of 10,000 persons only one reaches his 100th year: only one in 500 his eightieth, and one in 100 his sixty-fifth. Married people live longer than unmarried ones; and a tall man is likely to live longer than a short one. Until the fiftieth year women have a better chance of life than men; but beyond that period the chances are equal. Sixty-five persons out of 1,000 marry; the months of June and December are those in which marriages are most frequent. Children born in Spring are generally stronger than those born in other seasons. Births and deaths chiefly occur at night. The number

FOREIGN INTELLIGENCE.

of men able to bear arms is but one-eighth of the population. The nature of the profession exercises a great influence on longevity; thus out of 100 of each of the following professions the number of those who attain their 70th year is: Among clergy men, 42; agriculturists, 40; traders and manufacturers, 33; soldiers, 32; clerks, 32; lawyers, 29; artists, 28; professors, 27; and physicians, 24, so that those who study the art of prolonging the lives of others are most likely to die early, probably on account of the effluvia to which they are constantly exposed. There are in the world 335 millions of Christians, 5 millions of Jews, 600 millions professing some of the Asiatic religions; 160 millions of Mahomedans, and 200 millions of Pagans. Of the Christians, 170 millions profess the Catholic, 76 millions the Greek, and 80 millions the Protestant creeds.

Proportion of Births to Deaths in Great Britain.—In the first three quarters of 1862 the excess of births over deaths was 248, 537, a national increase greater by 16,063 than in the corresponding period of 1861.

Quackery.—Prof. TROUSSEAU, on the 18th and 25th of May last, gave two "Conferences on Quackery" in the large hall of the Faculty of Medicine. An immense number of persons, chiefly composed of workmen, were present. Amongst other things, he pointed out the sad but common fact of the ready success which quacks find to *des gens d'esprit*; and, to illustrate this, he gave an example of the weakness of Béranger in this way, of whom "he had the extreme honour to be the very intimate friend and the physician." Béranger suffered from a slight attack of ophthalmia, of which he was cured by Brissonneau. On another attack he called in the services of a Polish priest, who was possessed of a secret remedy. When cured, he begged Trousseau to interest himself for the quack, and get him admitted *officier d'académie* by the Faculty. Trousseau examined the man, and found him ignorant of the latest facts of the anatomy of the organ. This he told Béranger, who exclaimed, "Ah, the poor fellow!" "I replied," says Trousseau, "my dear Béranger, I have been your doctor during eight years, and I am to-day going to ask for my fees." "What fees?"

"You shall write me a song, and I will give you the chorus." "Indeed! and what shall it be?" "Ah! que les gens d'esprit sont bêtes." "We understood each other, and he never afterwards spoke to me of his Polish priest. Is it not sad to see that a man like Béranger, to whom I told the facts, could not understand how much mischief his *protégé* might do, and how utterly incapable he was of doing good safely in the simplest diseases of the eye?" "This Polish priest," adds *L'Union Médicale*, "is doubtless the Polish abbé who is still much spoken of in Paris, and who practises in diseases of the eye. It is said that he has an enormous practice."—*Brit. Med. Jour.*, July 26, 1862.

Sale of Diseased Cattle.—Prof. GAMGEE gave a lecture before the Royal Dublin Society lately on disease and mortality among cattle, at the conclusion of which Mr. Ganley, salesman, stated "that unless some means were devised to give some compensation to the farmer for diseased cattle, it was impossible to prevent him from selling them, or the butcher from killing and selling them. Unless some society were formed to have diseased meat paid for, it would be killed and eaten. There was no use in mincing the matter, he said; every one of the salesmen sold diseased cattle. The farmer could not otherwise pay his rent. The disease is so prevalent that he could not live were he to submit his cattle to destruction. Professor Gamgee said he would have gone 1500 miles to hear this confession, and he agreed with Mr. Ganley that some plan should be adopted for paying the farmer for diseased cattle." This does but add superfluous confirmation to what is already notorious. There is no doubt whatever that the prudent farmer, so soon as a bullock is seized with the lung disease, does have him killed forthwith; that he killed he is eaten; and that according to the English mode of cookery, much of the blood of the diseased animal must pass, in an unaltered state, into the stomachs of those who cut the juicy sirloin, or *underdone* steaks of beef, with its delicious gravy. Underdone meat is really, as Liebig taught us, raw meat, and the red gravy, so much prized as a restorative, is in reality tinged with the colouring matter of blood that has never, in the inside of the joint, reached a temperature of 180°.—*Med. Times and Gaz.*, Dec. 20, 1862.